

Application Form to Become A Specialist Portfolio Examiner

Please complete this application form to apply to become an IBMS external examiner, and return via email to SpecialistPortfolio@ibms.org

## Personal Details

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| --- | --- | --- | --- |
| Surname: |       | Title: |       |
| Forename(s): |       | IBMS No.: |       |
| E-mail Address: |       | HCPC No.: |       |

## Laboratory Details

|  |  |
| --- | --- |
| Department: |       |
| Hospital: |       |
| NHS Trust: |       |
| Laboratory Address: |       |
|       | Postcode: |       |

**Region**

|  |  |  |  |
| --- | --- | --- | --- |
| East Anglia | [ ]  | Scotland  | [ ]  |
| East Midlands | [ ]  | South East | [ ]  |
| Ireland | [ ]  | South West  | [ ]  |
| London | [ ]  | Wales  | [ ]  |
| North East | [ ]  | West Midlands | [ ]  |
| North West | [ ]  | Yorkshire | [ ]  |

**Specialist Portfolio Discipline** ☑ Please tick appropriate box

|  |  |  |  |
| --- | --- | --- | --- |
| Cellular Pathology | [ ]  | Clinical Biochemistry | [ ]  |
| Molecular Pathology | [ ]  | Cytopathology  | [ ]  |
| Cervical Cytology | [ ]  | Diagnostic Cytopathology | [ ]  |
| Clinical Immunology | [ ]  | Histocompatibility & Immunogenetics | [ ]  |
| Virology | [ ]  | Medical Microbiology | [ ]  |
| Haematology with Hospital Transfusion Practice | [ ]  | Transfusion Science | [ ]  |

To apply to become a Specialist Portfolio Examiner you must satisfy the following criteria:

**Tick to confirm you meet the following requirements:**

[ ]  Member or Fellow of the IBMS. Associate or Licentiate members are not eligible.

[ ]  HCPC registered (or equivalent registration authority for non-UK members).

[ ]  Currently practicing in an IBMS approved training laboratory with a minimum of 3 years’ experience post registration experience.

[ ]  Actively participating in the IBMS’s CPD scheme or equivalent (submitted 2-year CPD summary).

[ ]  Specialist level experience in named discipline/disciplines.

[ ]  Have attended an IBMS approved training session for Specialist Portfolio Examiners.

*Please provide a brief description of your scope of practice.*

**Declaration**

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| [ ]  I hereby agree that I meet the criteria and the information given is correct and supports my wish to become an External Examiner of IBMS Specialist Portfolios.[ ]  I hereby consent to receive correspondence from the IBMS regarding examinations and training. |
| Examiner’s Name: |       |
| Date: |       |

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